

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Abercrombie for Congress

ADDRESS (number and street)
▼

c/o 1357 Kapiolani Blvd, Ste. 1005

☐Check if different
than previously
reported. (ACC)

Honolulu

HI

96814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00247379

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jack Y. Endo

Signature of Treasurer

Electronically Filed by Jack Y. Endo

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	13014.17
(b) Total Contribution Refunds (from Line 20(d)).....	186350.00	362345.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-186350.00	-349330.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	32951.43	264660.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	19141.70	22787.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13809.73	241873.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	453188.40	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	15861.01	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name
Abercrombie for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(i) Itemized (use Schedule A).....	0.00	504.00
(ii) Unitemized.....	0.00	1004.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	10.17
(b) Political Party Committees.....	0.00	12000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	13014.17
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	13014.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	19141.70	22787.14
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	60.73	4401.22
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19202.43	40202.53

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32951.43	264660.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	186350.00	362345.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	186350.00	362345.00
21. OTHER DISBURSEMENTS.....	26050.00	73923.79
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	245351.43	700929.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	679337.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	19202.43
25. SUBTOTAL (add Line 23 and Line 24).....	698539.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	245351.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	453188.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 59

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Abercrombie for Governor

Mailing Address 1050 Ala Moana Blvd #D28

City

Honolulu

State

HI

Zip Code

96814-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

19141.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 00108.C23739

Amount of Each Receipt this Period

19141.70

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

19141.70

TOTAL This Period (last page this line number only)

19141.70

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 59

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

First Hawaiian Bank

Mailing Address 1580 Kapiolani Blvd.

City

Honolulu

State

HI

Zip Code

96814-

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4365.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 00109.C23742

Amount of Each Receipt this Period

24.57

Other Receipt

Note: Interest Earned

B.

Full Name (Last, First, Middle Initial)

First Hawaiian Bank

Mailing Address 1580 Kapiolani Blvd.

City

Honolulu

State

HI

Zip Code

96814-

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4383.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 00109.C23743

Amount of Each Receipt this Period

18.88

Other Receipt

Note: Interest Earned

C.

Full Name (Last, First, Middle Initial)

First Hawaiian Bank

Mailing Address 1580 Kapiolani Blvd.

City

Honolulu

State

HI

Zip Code

96814-

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4401.22

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00111.C23744

Amount of Each Receipt this Period

17.28

Other Receipt

Note: Interest Earned

SUBTOTAL of Receipts This Page (optional)

60.73

TOTAL This Period (last page this line number only)

60.73

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 91012.E5194 Date of Disbursement
Mailing Address 1201 Third Ave, 40th Floor	<div> <div>10</div> <div>08</div> <div>2009</div> </div>
City State Zip Code Seattle WA 98101-	Amount of Each Disbursement this Period <div>9137.92</div>
Purpose of Disbursement Legal Services Candidate Name	<div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
LEGAL SERVICES	
B. Full Name (Last, First, Middle Initial) First Hawaiian Bank	Transaction ID: 00111.E5368 Date of Disbursement
Mailing Address 1580 Kapiolani Blvd.	<div> <div>10</div> <div>20</div> <div>2009</div> </div>
City State Zip Code Honolulu HI 96814-	Amount of Each Disbursement this Period <div>246.66</div>
Purpose of Disbursement Bank Charges Candidate Name	<div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
BANK CHARGES	
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 91012.E5235 Date of Disbursement
Mailing Address P. O. Box 9622	<div> <div>10</div> <div>12</div> <div>2009</div> </div>
City State Zip Code Mission Hills CA 91346-9622	Amount of Each Disbursement this Period <div>77.43</div>
Purpose of Disbursement Cellular Service Candidate Name	<div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CELLULAR SERVICE	

SUBTOTAL of Disbursements This Page (optional)

9462.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: 91007.E5178 Date of Disbursement
Mailing Address 850 Kawaiahao Street, #4th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 9</div> </div>
City Honolulu State HI Zip Code 96813-	Amount of Each Disbursement this Period
Purpose of Disbursement Storage Fee Candidate Name	<div> <div>129.01</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type STORAGE FEE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 00108.E5266 Date of Disbursement
Mailing Address 1201 Third Ave, 40th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 0 9</div> </div>
City Seattle State WA Zip Code 98101-	Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services Candidate Name	<div> <div>4524.09</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type LEGAL SERVICES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: 00108.E5270 Date of Disbursement
Mailing Address 850 Kawaiahao Street, #4th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 9</div> </div>
City Honolulu State HI Zip Code 96813-	Amount of Each Disbursement this Period
Purpose of Disbursement Storage Fee Candidate Name	<div> <div>129.01</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type STORAGE FEE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4782.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 00108.E5264 Date of Disbursement
Mailing Address 205 Pennsylvania Ave, SE	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement Software Support Candidate Name	<div>1800.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type SOFTWARE SUPPORT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 00108.E5282 Date of Disbursement
Mailing Address 1201 Third Ave, 40th Floor	<div> <div>11</div> <div>05</div> <div>2009</div> </div>
City Seattle State WA Zip Code 98101-	Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services Candidate Name	<div>2139.36</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type LEGAL SERVICES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Norma Wong	Transaction ID: 00108.E5268 Date of Disbursement
Mailing Address 2944 Papali Place	<div> <div>10</div> <div>28</div> <div>2009</div> </div>
City Honolulu State HI Zip Code 96819-3047	Amount of Each Disbursement this Period
Purpose of Disbursement Reimb. Printing [See Below] Candidate Name	<div>376.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type REIMB. PRINTING [SEE BELOW]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4316.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Signs by Dey	Transaction ID: 00111.E5370 Date of Disbursement
Mailing Address 320 Ward Ave, Ste 116	<div> <div>^M10</div> <div>^M</div> <div>/</div> <div>^D28</div> <div>^D</div> <div>/</div> <div>^Y2009</div> <div>^Y</div> <div>^Y</div> <div>^Y</div> </div>
City Honolulu State HI Zip Code 96814-	Amount of Each Disbursement this Period
Purpose of Disbursement Stickers Hawaii Children 1st Candidate Name	<div>376.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: STICKERS HAWAII CHILDREN 1ST
B. Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: 00108.E5319 Date of Disbursement
Mailing Address 850 Kawaiahao Street, #4th Floor	<div> <div>^M11</div> <div>^M</div> <div>/</div> <div>^D30</div> <div>^D</div> <div>/</div> <div>^Y2009</div> <div>^Y</div> <div>^Y</div> <div>^Y</div> </div>
City Honolulu State HI Zip Code 96813-	Amount of Each Disbursement this Period
Purpose of Disbursement Storage Fee Candidate Name	<div>129.01</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	STORAGE FEE
C. Full Name (Last, First, Middle Initial) Hawaiian Host, Inc.	Transaction ID: 00108.E5271 Date of Disbursement
Mailing Address 15601 South Avalon Blvd.	<div> <div>^M11</div> <div>^M</div> <div>/</div> <div>^D02</div> <div>^D</div> <div>/</div> <div>^Y2009</div> <div>^Y</div> <div>^Y</div> <div>^Y</div> </div>
City Gardena State CA Zip Code 90248-	Amount of Each Disbursement this Period
Purpose of Disbursement Promotion - Candies Candidate Name	<div>1093.20</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PROMOTION - CANDIES

SUBTOTAL of Disbursements This Page (optional)

1222.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd, #1005

City Honolulu State HI Zip Code 96814-

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 00108.E5285
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1256.54

ACCOUNTING SERVICES

B.

Full Name (Last, First, Middle Initial)
Alston Hunt Floyd & Ing Lawyers

Mailing Address ASB Tower, 18th Floor
1001 Bishop Street

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Legal Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 00108.E5281
Date of Disbursement

/ /

Amount of Each Disbursement this Period

11583.56

LEGAL SERVICES

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P. O. Box 9622

City Mission Hills State CA Zip Code 91346-9622

Purpose of Disbursement
Cellular Service
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 00108.E5240
Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.67

CELLULAR SERVICE

SUBTOTAL of Disbursements This Page (optional)

12920.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P. O. Box 9622	Transaction ID: 00108.E5289 Date of Disbursement <div> <div>11</div> <div>18</div> <div>2009</div> </div>
City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cellular Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>79.00</div> CELLULAR SERVICE
B. Full Name (Last, First, Middle Initial) BankCard Center Mailing Address P.O. Box 29450 City Honolulu State HI Zip Code 96820-1850 Purpose of Disbursement Credit Card Payment - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00108.E5353 Date of Disbursement <div> <div>12</div> <div>16</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>8.08</div> CREDIT CARD PAYMENT - POS-TAGE

SUBTOTAL of Disbursements This Page (optional)

87.08

TOTAL This Period (last page this line number only)

32790.50

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial)
Beamer Solomon Halau O Poohala

Mailing Address Kumu Hula Hulali Solomon Covington
P.O. Box 2227

City Kamuela State HI Zip Code 96743-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5267

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Big Island Resource, Conservation & Deve

Mailing Address 101 Aupuni St, Ste 229A

City Hilo State HI Zip Code 96720-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Binhi At Ani

Mailing Address 780 Onehee Ave

City Kahului State HI Zip Code 96732-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5355

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress**A.**Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Comm.

Mailing Address 430 South Capitol Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Amount of Each Disbursement this Period

10000.00

B.Full Name (Last, First, Middle Initial)
Friends of the Palace Theater

Mailing Address 38 Haili St

City Hilo State HI Zip Code 96720-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 91014.E5237

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

C.Full Name (Last, First, Middle Initial)
Gregory House

Mailing Address 770 Kapiolani Blvd, #503

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 91007.E5188

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Hawaii Peoples Fund Mailing Address 949 Kapiolani Blvd, Ste 100	Transaction ID: 91007.E5187 Date of Disbursement <div> <div>10</div> <div>07</div> <div>2009</div> </div>
City Honolulu State HI Zip Code 96814- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>550.00</div>
B. Full Name (Last, First, Middle Initial) Honolulu Japanese Junior Chamber of Com Mailing Address c/o Traci Watanabe 95-1099 Leolani St City Mililani State HI Zip Code 96789- Purpose of Disbursement CHARITABLE CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00108.E5280 Date of Disbursement <div> <div>11</div> <div>05</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>500.00</div>
C. Full Name (Last, First, Middle Initial) Japanese Chamber of Commerce of Hawaii Mailing Address 2454 So Beretania Street City Honolulu State HI Zip Code 96826-1502 Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 91007.E5180 Date of Disbursement <div> <div>10</div> <div>03</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2000.00</div>

SUBTOTAL of Disbursements This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Key Project

Mailing Address 47-200 Waihee Rd

City State Zip Code
Kaneohe HI 96744-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 91012.E5195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Patsy T Mink PAC

Mailing Address P. O. Box 25002

City State Zip Code
Honolulu HI 96825-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Patsy T Mink PAC

Mailing Address P. O. Box 25002

City State Zip Code
Honolulu HI 96825-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 91007.E5192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

	17		18		19a		19b
	20a		20b		20c	X	21

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Operation Aloha			Transaction ID: 00108.E5287 Date of Disbursement <div>M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9</div>	
	Mailing Address Attn: Jodie Salazar 500 Center Street				
	City Wahiawa		State HI	Zip Code 96786-	Amount of Each Disbursement this Period <div>750.00</div>
	Purpose of Disbursement CHARITABLE CONTRIBUTION		<div>Category/ Type</div>		
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					
B.	Full Name (Last, First, Middle Initial) Bradley Padilla			Transaction ID: 00108.E5318 Date of Disbursement <div>M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 9</div>	
	Mailing Address 91-1022 Puhipaka St				
	City Ewa Beach		State HI	Zip Code 96706-	Amount of Each Disbursement this Period <div>800.00</div>
	Purpose of Disbursement SPONSORSHIP OF HALAWA CANOE CLUB		<div>Category/ Type</div>		
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					
C.	Full Name (Last, First, Middle Initial) Playoff PAC, Inc.			Transaction ID: 91012.E5234 Date of Disbursement <div>M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 9</div>	
	Mailing Address P O Box 34593				
	City Washington		State DC	Zip Code 20043-	Amount of Each Disbursement this Period <div>1000.00</div>
	Purpose of Disbursement CONTRIBUTIONS		<div>Category/ Type</div>		
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					

2550.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Rell Sunn Educational Foundation

Mailing Address 84-012 Makau St

City State Zip Code
Waianae HI 96792-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5315

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)
The Domestic Violence Action Center

Mailing Address P.O. Box 3198

City State Zip Code
Honolulu HI 96801-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5261

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Therapeutic Horsemanship of Hawaii

Mailing Address P O Box 138

City State Zip Code
Waimanalo HI 96795-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 91014.E5238

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Friends of Rich Turbin

Mailing Address Pacific Guardian Center
737 Bishop St, Suite 2730

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Friends of Glenn Wakai

Mailing Address 1541 Ala Lani Street

City Honolulu State HI Zip Code 96819-

Purpose of Disbursement
NONFEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00108.E5242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

25825.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Puni Akana

Mailing Address 45-330 Kenela Street

City Kaneohe State HI Zip Code 96744-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5216

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Daniel M. Akiu, Jr.

Mailing Address P.O. Box 894810

City Mililani State HI Zip Code 96789-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5265

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

3220.00

C.

Full Name (Last, First, Middle Initial)

Charlie Bass

Mailing Address 3788 Ahonui Place

City Princeville State HI Zip Code 96722-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5321

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

710.00

SUBTOTAL of Disbursements This Page (optional)

5130.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) A. Bernard Bays	Transaction ID: 91012.E5233 Date of Disbursement																				
Mailing Address 1099 Alakea Street, 16th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	9												
City Honolulu State HI Zip Code 96813-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Aaron Blacker	Transaction ID: 91012.E5215 Date of Disbursement																				
Mailing Address 94-412 Anania Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City Mililani State HI Zip Code 96789-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) Lily Cheung	Transaction ID: 00108.E5362 Date of Disbursement																				
Mailing Address P.O. Box 4349	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	9												
City Kaneohe State HI Zip Code 96744-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

6800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Clara Ching

Mailing Address 2226 University Ave

City Honolulu State HI Zip Code 96822-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5330

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

460.00

B.

Full Name (Last, First, Middle Initial)

Melvin H. Chiogioji

Mailing Address 15702 Thistlebridge Drive

City Rockville State MD Zip Code 20853-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5293

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

730.00

C.

Full Name (Last, First, Middle Initial)

Samuel A. Cooke

Mailing Address P.O. Box 2900

City Honolulu State HI Zip Code 96846-1900

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5310

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1900.00

SUBTOTAL of Disbursements This Page (optional)

3090.00

TOTAL This Period (last page this line number only)

	17		18		19a		19b
X	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Joseph Cooper <hr/> Mailing Address P.O. Box 214 <hr/> <div style="display: flex; justify-content: space-between;"> City Kailua State HI Zip Code 96734- </div> <div style="display: flex; justify-content: space-between;"> <div> Purpose of Disbursement Refund of Contribution Candidate Name </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> 010 Category/ Type </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio </div> </div>	Transaction ID: 00108.E5260 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 0</div> <div>/</div> <div><small>D D</small> 1 6</div> <div>/</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid gray; padding: 5px; text-align: right;">3000.00</div>
B. Full Name (Last, First, Middle Initial) Robin Danner <hr/> Mailing Address PO Box 315 <hr/> <div style="display: flex; justify-content: space-between;"> City Anahola State HI Zip Code 96703-0315 </div> <div style="display: flex; justify-content: space-between;"> <div> Purpose of Disbursement Refund of Contribution Candidate Name </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> 010 Category/ Type </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio </div> </div>	Transaction ID: 00108.E5245 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 0</div> <div>/</div> <div><small>D D</small> 1 6</div> <div>/</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid gray; padding: 5px; text-align: right;">420.00</div>
C. Full Name (Last, First, Middle Initial) Richard DeRobertis <hr/> Mailing Address 1248 Kelewina Street <hr/> <div style="display: flex; justify-content: space-between;"> City Kailua State HI Zip Code 96734- </div> <div style="display: flex; justify-content: space-between;"> <div> Purpose of Disbursement Refund of Contribution Candidate Name </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> 010 Category/ Type </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio </div> </div>	Transaction ID: 00108.E5309 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 1 1</div> <div>/</div> <div><small>D D</small> 1 9</div> <div>/</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid gray; padding: 5px; text-align: right;">2300.00</div>

5720.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Vladimir P. Devens Mailing Address P.O. Box 240128	Transaction ID: 91012.E5219 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	9			
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		1	0		2	0	0	9															
City Honolulu State HI Zip Code 96824-0128 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1750.00</td> </tr> </table> <table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	1750.00	010	Category/ Type																				
1750.00																								
010																								
Category/ Type																								
B. Full Name (Last, First, Middle Initial) Daniel Dever Mailing Address 6301 Pali Highway City Kaneohe State HI Zip Code 96744- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5256 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9	500.00	010	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		1	6		2	0	0	9															
500.00																								
010																								
Category/ Type																								
C. Full Name (Last, First, Middle Initial) Mark Duda Mailing Address 3137 Hinano Street City Honolulu State HI Zip Code 96815- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5320 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>750.00</td> </tr> </table> <table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9	750.00	010	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
1	1		3	0		2	0	0	9															
750.00																								
010																								
Category/ Type																								

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Dennis Esaki Mailing Address 1610 Haleukana Street	Transaction ID: 91012.E5205 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9			
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		0	9		2	0	0	9															
City Lihue State HI Zip Code 96766- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Amount of Each Disbursement this Period <table border="1"> <tr> <td>230.00</td> </tr> </table> <table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	230.00	010	Category/ Type																				
230.00																								
010																								
Category/ Type																								
B. Full Name (Last, First, Middle Initial) John Farias, Jr. Mailing Address 1233 Ikena Circle City Honolulu State HI Zip Code 96821-2561 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5327 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>600.00</td> </tr> </table> <table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9	600.00	010	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
1	1		3	0		2	0	0	9															
600.00																								
010																								
Category/ Type																								
C. Full Name (Last, First, Middle Initial) Gary O. Galiher Mailing Address 610 Ward Ave, #200 City Honolulu State HI Zip Code 96814- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5342 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9	1000.00	010	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
1	2		0	9		2	0	0	9															
1000.00																								
010																								
Category/ Type																								

SUBTOTAL of Disbursements This Page (optional)

1830.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Li E. Garcia-Ballard

Mailing Address 2253 Kapahu Street

City Honolulu State HI Zip Code 96813-1441

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5313

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)
Vicki Gaynor

Mailing Address 55 S Kukui St Apt 2302

City Honolulu State HI Zip Code 96813-2324

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5311

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
Keller George

Mailing Address P.O. Box 799

City Oneida State NY Zip Code 13421-0799

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5360

Date of Disbursement

12 / 22 / 2009

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional)

6800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Susan George	Transaction ID: 00108.E5361
	Mailing Address P.O. Box 799	Date of Disbursement <div> <div>12</div> <div>22</div> <div>2009</div> </div>
	City Oneida State NY Zip Code 13421-0799	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Refund of Contribution</div> <div>Candidate Name</div> </div> <div>010</div> <div>Category/ Type</div>	<div>2100.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: 2010</div> <div><input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input checked="" type="checkbox"/> Other (specify) ▼</div> <div>Other Prior Electio</div> </div>	
B.	Full Name (Last, First, Middle Initial) Jane A. Gibbons	Transaction ID: 00108.E5248
	Mailing Address 1108 Koohoo Place	Date of Disbursement <div> <div>10</div> <div>16</div> <div>2009</div> </div>
	City Kailua State HI Zip Code 96734-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Refund of Contribution</div> <div>Candidate Name</div> </div> <div>010</div> <div>Category/ Type</div>	<div>1000.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: 2010</div> <div><input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input checked="" type="checkbox"/> Other (specify) ▼</div> <div>Other Prior Electio</div> </div>	
C.	Full Name (Last, First, Middle Initial) Peter Goss	Transaction ID: 00108.E5283
	Mailing Address 81 Uranus Terrace	Date of Disbursement <div> <div>11</div> <div>06</div> <div>2009</div> </div>
	City San Francisco State CA Zip Code 94114-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Refund of Contribution</div> <div>Candidate Name</div> </div> <div>010</div> <div>Category/ Type</div>	<div>2200.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: 2010</div> <div><input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input checked="" type="checkbox"/> Other (specify) ▼</div> <div>Other Prior Electio</div> </div>	

SUBTOTAL of Disbursements This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) John Harmon Mailing Address 4389 Malia Street Apt. 117	Transaction ID: 00108.E5338 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	1		2	0	0	9													
City Kailua State HI Zip Code 96734- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1440.00</td> </tr> </table> 010 Category/ Type	1440.00																				
1440.00																						
B. Full Name (Last, First, Middle Initial) Dr. Andrew G. Hashimoto Mailing Address 1080 S. Beretania Street, #904 City Honolulu State HI Zip Code 96814- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 91012.E5210 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	9													
500.00																						
C. Full Name (Last, First, Middle Initial) Cheryl Hawes Mailing Address 92-1120 Olani Street, Apt 2 City Kapolei State HI Zip Code 96707- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5349 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1100.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	9	1100.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	4		2	0	0	9													
1100.00																						

SUBTOTAL of Disbursements This Page (optional)

3040.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Glen K. Hayashida

Mailing Address 95-472 Poloahilani Street

City Mililani State HI Zip Code 96789-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5251

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Randall J. Hee

Mailing Address P.O. Box 627

City Kekaha State HI Zip Code 96752-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5247

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

460.00

C.

Full Name (Last, First, Middle Initial)

David A. Heenan

Mailing Address 900 Fort Street Mall, #1450

City Honolulu State HI Zip Code 96813-3715

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00108.E5241

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2460.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Richard A. Heltzel

Mailing Address 217 Prospect Street, Apt F11

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5357

Date of Disbursement

12 / 22 / 2009

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
Yumiko Heltzel

Mailing Address 217 Prospect Street, Apt F11

City Honolulu State HI Zip Code 96813-1781

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5358

Date of Disbursement

12 / 22 / 2009

Amount of Each Disbursement this Period

230.00

C.

Full Name (Last, First, Middle Initial)
Norma Herkes

Mailing Address 1255 Nuuanu Ave #2002

City Honolulu State HI Zip Code 96817-4009

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5326

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

4580.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Norma Herkes	Transaction ID: 00108.E5325 Date of Disbursement																				
Mailing Address 1255 Nuuanu Ave #2002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	9												
City Honolulu State HI Zip Code 96817-4009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				
B. Full Name (Last, First, Middle Initial) Francisco Hernandez	Transaction ID: 91012.E5203 Date of Disbursement																				
Mailing Address 1841 Kihl Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City Honolulu State HI Zip Code 96821-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">460.00</td> </tr> </table>	460.00																			
460.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				
C. Full Name (Last, First, Middle Initial) Melanie Holt	Transaction ID: 00108.E5332 Date of Disbursement																				
Mailing Address 1908 Judd Hillside Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Honolulu State HI Zip Code 96822-2004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				

SUBTOTAL of Disbursements This Page (optional)

2635.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Lea Hong

Mailing Address 55 S. Kukui Street #409

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5229

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lance M. Inouye

Mailing Address 3280 Pauma Place

City Honolulu State HI Zip Code 96822-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5305

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1945.00

C.

Full Name (Last, First, Middle Initial)

Michael P. Jones

Mailing Address 41-591 Inoaole Street

City Waimanalo State HI Zip Code 96795-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5228

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

2200.00

SUBTOTAL of Disbursements This Page (optional)

4395.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Kathleen Kagawa	Transaction ID: 00108.E5335 Date of Disbursement																				
Mailing Address 3215 Kaohinani Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Honolulu State HI Zip Code 96817-1042	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td>460.00</td> </tr> </table>	460.00																			
460.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	010 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Paula A. Kelly	Transaction ID: 00108.E5302 Date of Disbursement																				
Mailing Address 92-227 Ho Alii Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	9												
City Kapolei State HI Zip Code 96707-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	010 Category/ Type																				
C. Full Name (Last, First, Middle Initial) H.K. Bruss Keppeler	Transaction ID: 00108.E5250 Date of Disbursement																				
Mailing Address P.O. Box 1319	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	9												
City Honolulu State HI Zip Code 96807-1319	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td>715.00</td> </tr> </table>	715.00																			
715.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	010 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

3475.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Kendall Kikuyama

Mailing Address 99-1350 Koaha Place

City Aiea State HI Zip Code 96701-3200

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5217
Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
Darren Kimura

Mailing Address 95-1154 Ahoka Street

City Mililani State HI Zip Code 96789-5596

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5300
Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Charles King

Mailing Address 6412 Kalama Road

City Kapaa State HI Zip Code 96746-8633

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5208
Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

460.00

SUBTOTAL of Disbursements This Page (optional)

5460.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Thalia Lapilio	Transaction ID: 91012.E5221 Date of Disbursement
Mailing Address 45-591 Weleweka Place	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 9</div> </div>
City Kaneohe State HI Zip Code 96744-1774	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Candidate Name	<div> <div>350.00</div> <div>010 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	
B. Full Name (Last, First, Middle Initial) John Lehman	Transaction ID: 00108.E5292 Date of Disbursement
Mailing Address 450 Park Ave, #6 Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10022-2605	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Candidate Name	<div> <div>1000.00</div> <div>010 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	
C. Full Name (Last, First, Middle Initial) Jill Loui	Transaction ID: 91012.E5197 Date of Disbursement
Mailing Address 240 Wailupe Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 9 / 2 0 0 9</div> </div>
City Honolulu State HI Zip Code 96821-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Candidate Name	<div> <div>2500.00</div> <div>010 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	

SUBTOTAL of Disbursements This Page (optional)

3850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
William Lum

Mailing Address 945 14th Ave

City Honolulu State HI Zip Code 96816-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5232

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)
Jon Matsuoka

Mailing Address 2367 Kaululaau Street

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5204

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

440.00

C.

Full Name (Last, First, Middle Initial)
Susan Matsuura

Mailing Address 1914 Eames Street

City Wahiawa State HI Zip Code 96786-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5222

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

1790.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Thomas McCabe

Mailing Address 158 Kuupua Street

City Kailua State HI Zip Code 96734-2735

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5306

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Richard Meiers

Mailing Address 908 Hokulani Street

City Honolulu State HI Zip Code 96825-1021

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 91012.E5206

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

420.00

C.

Full Name (Last, First, Middle Initial)
Chan Mitsunaga

Mailing Address 2027 Laukahi St

City Honolulu State HI Zip Code 96821-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5352

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Dennis Mitsunaga	Transaction ID: 00108.E5351 Date of Disbursement																				
Mailing Address 2027 Laukahi St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
City Honolulu State HI Zip Code 96821-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">3300.00</td> </tr> </table>	3300.00																			
3300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				
B. Full Name (Last, First, Middle Initial) Keith K. Nakanishi	Transaction ID: 91012.E5230 Date of Disbursement																				
Mailing Address 2156-B Aumakua Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	9												
City Pearl City State HI Zip Code 96782-1146	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2210.00</td> </tr> </table>	2210.00																			
2210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				
C. Full Name (Last, First, Middle Initial) Myles Nakatsu	Transaction ID: 00108.E5323 Date of Disbursement																				
Mailing Address 98-1784 Hapaki Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	9												
City Aiea State HI Zip Code 96701-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				

SUBTOTAL of Disbursements This Page (optional)

6010.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Helen Nielsen

Mailing Address PO Box 1888

City State Zip Code
Kahului HI 96733-1888

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5339

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Jadine Nielsen

Mailing Address One Keahole Place #3611

City State Zip Code
Honolulu HI 96825-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5249

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Amount of Each Disbursement this Period

330.00

C.

Full Name (Last, First, Middle Initial)
Eichi Oki

Mailing Address 168 E. Hind Drive

City State Zip Code
Honolulu HI 96821-1960

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5345

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

1430.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Jon T. Okudara	Transaction ID: 00108.E5344 Date of Disbursement																				
Mailing Address 99-1362 Palaialii Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City Aiea State HI Zip Code 96701-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">230.00</td> </tr> </table>	230.00																			
230.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other Prior Electio	010 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Diane Ono	Transaction ID: 00108.E5341 Date of Disbursement																				
Mailing Address 610 Ward Av #200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City Honolulu State HI Zip Code 96814-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other Prior Electio	010 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Jeffrey T. Ono	Transaction ID: 91007.E5179 Date of Disbursement																				
Mailing Address 610 Ward Ave, #200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	9												
City Honolulu State HI Zip Code 96814-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">3350.00</td> </tr> </table>	3350.00																			
3350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other Prior Electio	010 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

4580.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Guy F. Ontai

Mailing Address 94-303 Nanamua Place

City Mililani State HI Zip Code 96789-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other Prior Electio

Transaction ID: 00108.E5334

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Daniel Otani

Mailing Address 1131 N. Nimitz Highway

City Honolulu State HI Zip Code 96817-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other Prior Electio

Transaction ID: 91012.E5213

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

920.00

C.

Full Name (Last, First, Middle Initial)

Mark Ott

Mailing Address 834 Kainui Drive

City Kailua State HI Zip Code 96734-2024

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other Prior Electio

Transaction ID: 00108.E5336

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Moon Soo Park	Transaction ID: 00108.E5324 Date of Disbursement																				
Mailing Address 3101 Diamond Head Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
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1	1		3	0		2	0	0	9												
City Honolulu State HI Zip Code 96815-4719	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	010 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Todd Peltzer	Transaction ID: 91012.E5220 Date of Disbursement																				
Mailing Address 99-146 Holo Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	0		2	0	0	9												
City Aiea State HI Zip Code 96701-3091	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>	600.00																			
600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	010 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Beatrice Pickard	Transaction ID: 00108.E5308 Date of Disbursement																				
Mailing Address P.O. Box 182	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	9												
City Kaaawa State HI Zip Code 96730-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	010 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

8700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Elissa Pickard	Transaction ID: 00108.E5316 Date of Disbursement
Mailing Address 47-433 Hui Lo Street	<div> <div>11</div> <div>25</div> <div>2009</div> </div>
City Kaneohe State HI Zip Code 96744-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Candidate Name	<div>1000.00</div> <div>010</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	
B. Full Name (Last, First, Middle Initial) Joseph G. Pickard	Transaction ID: 00108.E5317 Date of Disbursement
Mailing Address 47-433 Hui Lo Street	<div> <div>11</div> <div>25</div> <div>2009</div> </div>
City Kaneohe State HI Zip Code 96744-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Candidate Name	<div>1000.00</div> <div>010</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	
C. Full Name (Last, First, Middle Initial) Thomas Pickard	Transaction ID: 00108.E5304 Date of Disbursement
Mailing Address P.O. Box 182	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Kaaawa State HI Zip Code 96730-0182	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Candidate Name	<div>4100.00</div> <div>010</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	

SUBTOTAL of Disbursements This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Walter Pickard	Transaction ID: 00108.E5312 Date of Disbursement																				
Mailing Address 3527 Campbell Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	9												
City Honolulu State HI Zip Code 96815-4306	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																					
B. Full Name (Last, First, Middle Initial) Sandra Pires	Transaction ID: 00108.E5262 Date of Disbursement																				
Mailing Address 1264 Kalaniiki Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	9												
City Honolulu State HI Zip Code 96821-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
Candidate Name	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																					
C. Full Name (Last, First, Middle Initial) Sara I. Pires	Transaction ID: 00108.E5244 Date of Disbursement																				
Mailing Address 1264 Kalaniiki Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	9												
City Honolulu State HI Zip Code 96821-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																					

SUBTOTAL of Disbursements This Page (optional)

14000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) G. Markus Polivka	Transaction ID: 00108.E5359 Date of Disbursement																				
Mailing Address 677 Ala Moana Blvd #500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	9												
City Honolulu State HI Zip Code 96813-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00																			
2300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Lee Putnam	Transaction ID: 00108.E5255 Date of Disbursement																				
Mailing Address 103 Lumahai Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	9												
City Honolulu State HI Zip Code 96825-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">230.00</td> </tr> </table>	230.00																			
230.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) John A. Rillamas	Transaction ID: 00108.E5307 Date of Disbursement																				
Mailing Address 94-719 Kaaka Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	9												
City Waipahu State HI Zip Code 96797-1272	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund of Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">4200.00</td> </tr> </table>	4200.00																			
4200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	010	Category/ Type																		
010																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

6730.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Bruce Robinson Mailing Address P.O. Box 690011	Transaction ID: 00108.E5295 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2009</div> </div>
City State Zip Code Makaweli HI 96769-0011 Purpose of Disbursement Refund of Contribution Candidate Name <div> <div>010</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other Prior Electio	Amount of Each Disbursement this Period <div>3980.00</div>
B. Full Name (Last, First, Middle Initial) Leiana P. Robinson Mailing Address P.O. Box 690011 City State Zip Code Makaweli HI 96769-0011 Purpose of Disbursement Refund of Contribution Candidate Name <div> <div>010</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other Prior Electio	Transaction ID: 00108.E5294 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1150.00</div>
C. Full Name (Last, First, Middle Initial) Warren Robinson Mailing Address P.O. Box 690088 City State Zip Code Makaweli HI 96769-0088 Purpose of Disbursement Refund of Contribution Candidate Name <div> <div>010</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other Prior Electio	Transaction ID: 00108.E5297 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>250.00</div>

SUBTOTAL of Disbursements This Page (optional)

5380.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Warren S. Robinson

Mailing Address P. O. Box 87

City State Zip Code
Makaweli HI 96769-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5296

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

230.00

B.

Full Name (Last, First, Middle Initial)
Robinson Family Partners

Mailing Address P.O. Box 690088

City State Zip Code
Makaweli HI 96769-0088

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5298

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Jean Rolles

Mailing Address 3087 La Pietra Circle

City State Zip Code
Honolulu HI 96815-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Other Prior Electio

Transaction ID: 00108.E5337

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional)

2530.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Rai Saint Chu

Mailing Address 4817 Kahala Ave

City Honolulu State HI Zip Code 96816-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5225

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

660.00

B.

Full Name (Last, First, Middle Initial)
Gareth Sakakida

Mailing Address 99-707 Meaala Street

City Aiea State HI Zip Code 96701-3587

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5201

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

540.00

C.

Full Name (Last, First, Middle Initial)
Richard Santo

Mailing Address P.O. Box 22182

City Honolulu State HI Zip Code 96823-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5303

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

720.00

SUBTOTAL of Disbursements This Page (optional)

1920.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 59

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Michael Schmicker

Mailing Address 2241 Nuna Street

City Honolulu State HI Zip Code 96821-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5226

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

2600.00

B.

Full Name (Last, First, Middle Initial)
Gerald Sekiya

Mailing Address 2630 Halelena Place

City Honolulu State HI Zip Code 96822-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5200

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

2100.00

C.

Full Name (Last, First, Middle Initial)
Dr. John Sender

Mailing Address 37 Prospect Street

City Honolulu State HI Zip Code 96813-1741

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5279

Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

2235.00

SUBTOTAL of Disbursements This Page (optional)

6935.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 59

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Gary Shimozone

Mailing Address 92-118 Amaui Place

City Kapolei State HI Zip Code 96707-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5202

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Alan Shintani

Mailing Address 1527 Onipaa Street

City Honolulu State HI Zip Code 96819-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5212

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

3300.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Shintani

Mailing Address 1527 Onipaa Street

City Honolulu State HI Zip Code 96819-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5198

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

6200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 59

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Arlin J. Solidum Mailing Address 1122 Nanialii Street	Transaction ID: 91012.E5214 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 9 / 2 0 0 9</div> </div>
City Kailua State HI Zip Code 96734- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Amount of Each Disbursement this Period <div>2300.00</div> <div>010</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Tobi J. Solidum Mailing Address 1314 S. King Street #1458 City Honolulu State HI Zip Code 96814- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 91012.E5218 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>010</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Christopher Sullivan Mailing Address 4412 Sierra Drive City Honolulu State HI Zip Code 96816- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5276 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4400.00</div> <div>010</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

7700.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Dr. Patrick K. Sullivan <hr/> Mailing Address 368 Dune Circle	Transaction ID: 00108.E5278 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	3	/	2	0	0	9												
<table border="1"> <tr> <td>City Kailua</td> <td>State HI</td> <td>Zip Code 96734-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Refund of Contribution</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2"> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio </td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	City Kailua	State HI	Zip Code 96734-	Purpose of Disbursement Refund of Contribution		<div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio		State: District:			Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">4000.00</div>						
City Kailua	State HI	Zip Code 96734-																			
Purpose of Disbursement Refund of Contribution		<div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				
State: District:																					
B. Full Name (Last, First, Middle Initial) Jan Sullivan <hr/> Mailing Address 368 Dune Circle	Transaction ID: 00108.E5277 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	3	/	2	0	0	9												
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City Kailua	State HI	Zip Code 96734-																			
Purpose of Disbursement Refund of Contribution		<div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type																			
Candidate Name																					
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State: District:																					
C. Full Name (Last, First, Middle Initial) Vassilios Lambros Syrmos <hr/> Mailing Address 3029 Lowrey Ave # 119	Transaction ID: 00108.E5299 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9
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1	1	/	1	9	/	2	0	0	9												
<table border="1"> <tr> <td>City Honolulu</td> <td>State HI</td> <td>Zip Code 96822-1800</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Refund of Contribution</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2"> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio </td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	City Honolulu	State HI	Zip Code 96822-1800	Purpose of Disbursement Refund of Contribution		<div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio		State: District:			Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">3000.00</div>						
City Honolulu	State HI	Zip Code 96822-1800																			
Purpose of Disbursement Refund of Contribution		<div style="border: 1px solid black; padding: 2px;">010</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Jill R. Takaazu Mailing Address 120 Jack Lane	Transaction ID: 91012.E5196 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	9													
City Honolulu State HI Zip Code 96817- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1200.00</td> </tr> </table> 010 Category/ Type	1200.00																				
1200.00																						
B. Full Name (Last, First, Middle Initial) David Takeyama Mailing Address 1422 Laamia Street City Honolulu State HI Zip Code 96821-1402 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5275 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4400.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	9	4400.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	3		2	0	0	9													
4400.00																						
C. Full Name (Last, First, Middle Initial) Roy Y. Takeyama Mailing Address 828 Fort Street Mall #610 City Honolulu State HI Zip Code 96813- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5274 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4600.00</td> </tr> </table> 010 Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	9	4600.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	3		2	0	0	9													
4600.00																						

SUBTOTAL of Disbursements This Page (optional)

10200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Myles Tamashiro Mailing Address 95-1027 Aelike St	Transaction ID: 00108.E5333 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 9</div> </div>
City Mililani State HI Zip Code 96789- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Amount of Each Disbursement this Period <div>300.00</div> <div>010</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Filo Tu Mailing Address 1720 Huna Street #103 City Honolulu State HI Zip Code 96817- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5348 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>300.00</div> <div>010</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Vaughn Vasconcellos Mailing Address 343 Hobron Lane, #3302 City Honolulu State HI Zip Code 96815- Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Prior Electio	Transaction ID: 00108.E5263 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4000.00</div> <div>010</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)

Donald c. Weir

Mailing Address 1021 Akumu Street

City Kailua State HI Zip Code 96734-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5328

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

485.00

B.

Full Name (Last, First, Middle Initial)

Iain Wood

Mailing Address 2311 Ahaana Way

City Honolulu State HI Zip Code 96821-1011

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 91012.E5199

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

2160.00

C.

Full Name (Last, First, Middle Initial)

Hank Wuh

Mailing Address 250 Kawaihae Street #19D

City Honolulu State HI Zip Code 96825-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5331

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

2150.00

SUBTOTAL of Disbursements This Page (optional)

4795.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Yonover

Mailing Address 219 Koko Isle Circle

City Honolulu State HI Zip Code 96825-1822

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5254

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

530.00

B.

Full Name (Last, First, Middle Initial)
Arron Yung

Mailing Address 1349 Aala Street, #305

City Honolulu State HI Zip Code 96817-3931

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5329

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

560.00

C.

Full Name (Last, First, Middle Initial)
Sheldon Zane

Mailing Address 999 Wilder Avenue #1203

City Honolulu State HI Zip Code 96822-

Purpose of Disbursement
Refund of Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Other Prior Electio

Transaction ID: 00108.E5243

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

930.00

SUBTOTAL of Disbursements This Page (optional)

2020.00

TOTAL This Period (last page this line number only)

185025.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 57 / 59

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Abercrombie for Governor

Nature of Debt (Purpose):
Note: Reimb. Shared Legal
Fees

Mailing Address 1050 Ala Moana Blvd #D28

City	State	ZIP Code
Honolulu	HI	96814-

Outstanding Balance Beginning This Period

19141.70

Transaction ID: LS90710.C23733
Amount Incurred This Period

0.00

Payment This Period

19141.70

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 58 / 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Endo & Company, LLC

Nature of Debt (Purpose):
Accounting Services

Mailing Address 1357 Kapiolani Blvd, #1005

City State ZIP Code
Honolulu HI 96814-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS00126.E5374

Amount Incurred This Period

8376.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

8376.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins Coie LLP

Nature of Debt (Purpose):
Legal Services

Mailing Address 1201 Third Ave, 40th Floor

City State ZIP Code
Seattle WA 98101-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS00126.E5375

Amount Incurred This Period

1145.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1145.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Autumn Publishing, Inc.

Nature of Debt (Purpose):
Christmas Card Printing

Mailing Address P.O. Box 1530

City State ZIP Code
Vienna VA 22183-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS00126.E5376

Amount Incurred This Period

4997.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

4997.12

1) **SUBTOTALS** This Period This Page (optional).....

14519.58

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 59 / 59

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Abercrombie for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Arrow Mailing ServiceNature of Debt (Purpose):
Mailing Service - Christm-
as Card

Mailing Address P.O. Box 30406

City State ZIP Code
Honolulu HI 96820-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS00126.E5377

Amount Incurred This Period

1341.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

1341.43

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1341.43

2) **TOTALS** This Period (last page this line number only)..... ▶

15861.01

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

15861.01